What's Data Got to Do With It?

Although much information on health care comes from health care organizations, data on race, ethnicity, and primary language are often unavailable or incomplete. ***Valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions to improve the quality of care delivered to specific populations.*** *The capacity to measure and monitor quality of care for various racial, ethnic, and linguistic populations rests on the ability both to measure quality of care in general and to conduct similar measurements across different racial, ethnic, and linguistic groups. In this presentation, the following topics will be reviewed:*

Why this data is critical to ensure equitable access and outcome

- The point of asking patients about their race, ethnicity and primary language is not simply to amass piles of **data**—the **data** are worth collecting only if they are **used to help health professionals achieve practical, applied goals. ***

- Health care disparities are an important marker of poor quality care. According to the Institute of Medicine report, "Crossing the Quality Chasm," quality health care is defined as care that is safe, timely, effective, efficient, patient-centered, and equitable.*

- This "six pillars" definition of health care quality has recently been adopted by the AMA and it has been broadly endorsed by governmental and private organizations. Yet while efforts to address and improve each of the six facets of health care quality are underway, numerous studies demonstrating disparities show that our health care system remains very far from equitable. In particular, while inequities exist and have been studied across many groups (by urban/rural, higher and lower socioeconomic status, insured versus uninsured, by sex, sexual orientation and more), hundreds of studies nationwide have documented that racial and ethnic minority patients too often receive lower quality care than non-Hispanic whites.*

- Even after adjusting for insurance and socioeconomic status, members of certain racial and ethnic groups are less likely to receive routine and preventive care and when they receive care it is more often of lower quality and, partly as a result of these disparities, they experience worse health outcomes, including higher disease burden and lower life expectancies compared to non-Hispanic whites. Recent national **data** suggest that some racial and ethnic health care disparities are declining or have been eliminated, but many others have remained the same or even increased in the last few years.*

How do you ask the race/ethnicity/language question to consumers – Ways it can be collected?

- Ask about country of origin (birth country), before race. It is a data element generally easy for patients to answer and often more meaningful to patients than race.
- Its generally recommended to have a single question for both race and ethnicity, if you have separate questions, one for race and one for ethnicity, it is recommended that you ask ethnicity before race. It reduces confusion and increases accuracy.
- Be proactive in asking questions regarding language preference/English proficiency and the need for interpreters throughout the treatment experience.
- Show questions in the system in the order they are to be asked whether it is a guide for an interview or a form, online or paper. For form-based collection, include the rationale (script) directly on the form.

How do you ask the race/ethnicity/language question to consumers?

- Sample Preamble/Introduction 1

We want to make sure that all our patients get the best care possible. We would like you to tell us your country of origin, racial/ethnic background and preferred language so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. Your answers will be confidential and will have no effect on the care you receive.

- Sample Preamble/Introduction 2

We want to ask you about your country of origin, race/ethnicity and preferred language. Your answer will help us provide the best care to all of our patients. We use this information to help our staff give you better care. We will keep your information private and confidential.

- Recommended Questions

Country of Origin *Please tell me in what country were you born?*
Race *Please tell me the race/ethnicity groups that describe you?*
Language *In what language can we best serve you?*

How do you ask the race/ethnicity/language question to consumers?

- The results demonstrated a significant increase in patient comfort when a patient was informed that race and ethnicity was being collected to monitor the quality of care for all patients. In this study, three other statements about why race and ethnicity data were being collected were found to be less successful at improving patient comfort level. They included: (1)government agencies require it (2) it was needed to gain information to help hire and train staff, and (3) to ensure all patients were treated equally.*

Who Answers?

- Who answers the questions may seem obvious but it is important to note. ***The answers must be provided by the patient rather than determined by the staff person.***
- *Providing the* information remains voluntary. This is why the data categories include options for "declined" or "choose not to answer."
- Assignment based on staff observation of indicators such as surname, geographic location, or physical appearance, is subjective and can result in inaccuracies that can skew results and conclusions. Take steps to be sure the responses are coming from the patients.

*How to incorporate cultural competency when evaluating, planning and implementing services and programs for all your consumers….**Use the data and information!***

- Experience or track record of involvement with the target audience
- Training and staffing
- Community representation
- Language
- Materials
- Evaluation
- Implementation

Bibliography and Resources

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RACE, ETHNICITY, AND LANGUAGE DATA: STANDARDIZATION FOR HEALTH CARE QUALITY IMPROVEMENT
Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement
Board on Health Care Services
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